

215037494  
60330

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 72	Agency Case No. B5-085262	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/14/2015		S M T W TH F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY  09/15/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1352	POLICE NOTIFIED 1353	
B 80	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 17th Ost		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY 17th			IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13742245			STATE (Of License) NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER	THUY L TRAN			PHONE	LOCAL NO.
V2/N 2	DRIVER ADDRESS	1761 CULBERA ST, LINCOLN, NE 68521			DATE OF BIRTH (MM / DD / YYYY)	04/01/1964
G 2	OWNER	BRENT FROHNER			PHONE	LOCAL NO.
H 4	OWNER ADDRESS	1265 County Rd 16, Wahoo, NE 68066			CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB473494
V1/O 2	LICENSE PLATE PA NO.	6A9762			YEAR (Plate Expires) 2016	STATE (Of Plate) NE
V2/O 2	VEHICLE	YEAR 1996	MAKE Honda	MODEL ULE	BODY STYLE 4 door Sedan	COLOR silver / chrome
I 1	VEHICLE ID NO. (VIN)	1HGCD5639TA237800			ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2500	INSURANCE COMPANY General Casualty
J 01	TOWED TO	TOWED BY			POLICY NO.	PAU3914451
VEHICLE NO. 2						
V1/P 1	DRIVER LICENSE NO.	V00305401			STATE (Of License) NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V2/P 1	DRIVER	PAUL J KREMLACEK			PHONE 402-432-4331	LOCAL NO.
J 01	DRIVER ADDRESS	1645 COUNTY RD 19, WAHOO, NE 68066			DATE OF BIRTH (MM / DD / YYYY)	06/06/1975
K 02	OWNER	KREMLACEK FARMS INC			PHONE 402-432-4331	LOCAL NO.
V1/Q 4	OWNER ADDRESS	1645 County Rd 19, Wahoo, NE 68066			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.
V2/Q 4	LICENSE PLATE TF NO.	06475			YEAR (Plate Expires) 2016	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR 2014	MAKE Dodge	MODEL 2LA	BODY STYLE Pickup truck	COLOR black
V2/Q 4	VEHICLE ID NO. (VIN)	3C6UR5FJXEG141592			ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500	INSURANCE COMPANY State Farm
V2/Q 4	TOWED TO	TOWED BY			POLICY NO.	0704218D2327D
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
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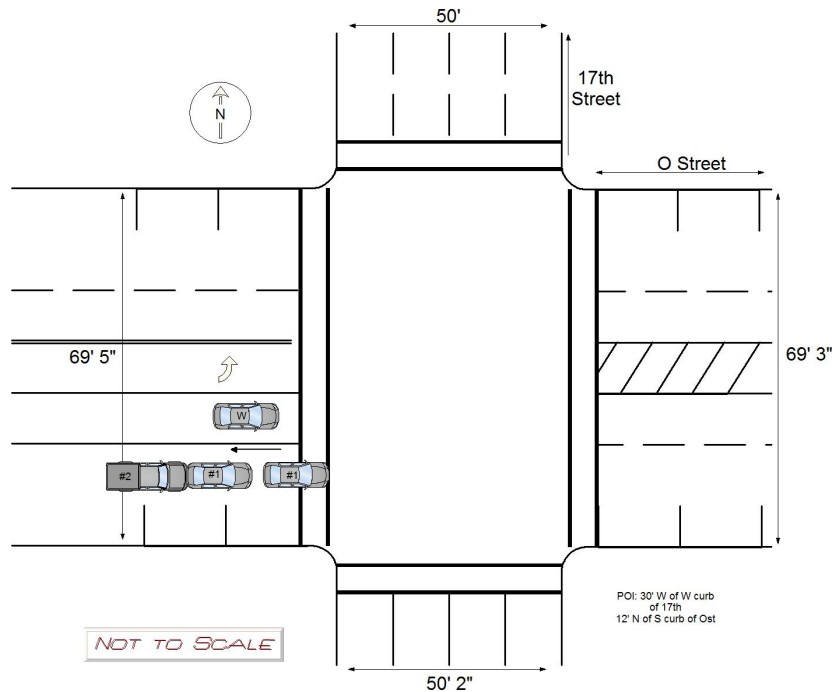
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-085262**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver #2 reports he pulled up behind vehicle #1 at 17th and Ost at the red light. He reports he was in the outside lane on Ost behind vehicle #1 at 17th. He reports vehicle #1 had pulled to far out into the intersection and backed up out of the intersection. He reports driver #1 must have forgot that the vehicle was in reverse because when the light changed green vehicle #1 rapidly accelerated backwards into his vehicle. Driver #1 also reports forgetting that the vehicle was in reverse and backed into vehicle #2 when the light changed to green. Witness reports being stopped on Ost at 17th e/bound in the inside lane for the red light. She reports when the light changed green she observed veh #1 accelerate backwards into veh #2.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME: <b>Beth Duncan 8505 Flintlock Cir, Lincoln, NE 68526</b>				PHONE: <b>402-310-5753</b>
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEH 1	1	VEH 2	2															
1			X		Ost																										
2			X		Ost																										
1	02				06 Turning left	POINT OF IMPACT	05	POINT OF IMPACT	01	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		<table border="1" style="width:100%;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td></td> </tr> <tr> <th>ALCOHOL LEVEL TESTED</th> <td>N</td> <td>X</td> <td>N</td> </tr> <tr> <th>BAC LEVEL</th> <td></td> <td></td> <td></td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y		ALCOHOL LEVEL TESTED	N	X	N	BAC LEVEL			
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2	11				08 Entering traffic lane	MOST DAMAGED AREA	05	MOST DAMAGED AREA	01																						
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right					09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown					<table border="1" style="width:100%;"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1 Neither alcohol nor drugs suspected</td> <td>1</td> <td>1</td> </tr> <tr> <td>2 Yes - alcohol suspected</td> <td></td> <td></td> </tr> <tr> <td>3 Yes - drugs suspected</td> <td></td> <td></td> </tr> <tr> <td>4 Yes - alcohol &amp; drugs suspected</td> <td></td> <td></td> </tr> <tr> <td>5 Unknown</td> <td></td> <td></td> </tr> </table>		ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1 Neither alcohol nor drugs suspected	1	1	2 Yes - alcohol suspected			3 Yes - drugs suspected			4 Yes - alcohol & drugs suspected			5 Unknown				
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OFFICER NO. <b>935</b>	TROOP/ TEAM/ BEAT <b>5</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Brian Ward</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Brian Ward</b>	DATE OF REPORT <b>09/15/2015</b>